

Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219

www.dmas.virginia.gov

# MEDICAID PROVIDER MANUAL UPDATE

TO: All Providers of Psychiatric Services participating in the

Virginia Medical Assistance Program and Managed Care Organizations providing services to Virginia Medicaid

recipients

UPDATE: PSY-01-05

FROM: Patrick W. Finnerty, Director DATE: 3/4/2005

Department of Medical Assistance Services (DMAS)

SUBJECT: Update to Second Edition of the *Psychiatric Services* Provider Manual

The purpose of this memorandum is to notify you of changes to Chapters IV and V of your *Psychiatric Services* Provider Manual. The attached table shows the changes to the manual. Please download the new pages to insert into your manual and retain the attached table.

The amendments to Chapter IV: (i) clarify the number of Family Assessment and Planning Team (FAPT) members required to sign the independent team certification; (ii) clarify that emergency admissions are for acute care only; (iv) clarify who is required to sign the Comprehensive Individual Plan of Care; (v) clarify when retroactive authorization is possible; (vi) clarify documentation requirements when requesting pre-authorization of residential treatment services; (vii) clarify the length of approval for residential treatment services; (viii) clarify the documentation requirements for continued stay reviews for residential treatment; (ix) describe the change in the possible length of approval for pre-authorization of residential treatment; (x) clarify the documentation requirements for the required, weekly 21 treatment interventions; (xi) clarify the process for reconsideration; (xii) describe the requirement for an Initial Review form and the elements of the form; (xiii) clarify the documentation requirements for the CPMT approval of admission to Treatment Foster Care - Case Management (TFC-CM) services; (xiv) clarify the number of required signatures for the FAPT assessment; (xv) clarify the medical necessity criteria for Treatment Foster Care - Case Management services; (xvi) clarify the documentation requirements for preauthorization of continued stay for Treatment Foster Care - Case Management (TFC-CM); (xvii) clarify the non-covered psychiatric services; (xviii) clarify the process for reconsideration; (xix) clarify the timeframe for requesting authorization of outpatient psychiatric services; (xx) clarify the submission process for requesting prior authorization of outpatient psychiatric services; (xxi) clarify the reconsideration process for outpatient psychiatric services; and (xxii) include a sample Certificate of Need, a sample Initial Plan of Care, a sample CSA Reimbursement Rate Certification, a sample Comprehensive Individual Plan of Care, and a sample Comprehensive Individual Plan of Care 30-day Progress Update in the "Exhibits" section.

The amendments to Chapter V: (i) clarify that the Z9990 and Z9991 local codes are no longer used.

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Please review these changes carefully.

#### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <a href="http://virginia.fhsc.com">http://virginia.fhsc.com</a>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

#### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at <a href="www.dmas.virginia.gov">www.dmas.virginia.gov</a> (please note the new DMAS website address). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

#### "HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

Attached Number of Pages: (1)

# PSYCHIATRIC SERVICES PROVIDER MANUAL REVISION CHART March 4, 2005

## **SUMMARY OF REVISIONS**

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter IV	Entire Chapter		Entire Chapter	3/4/2005
Chapter V	Entire Chapter		Entire Chapter	3/4/2005

## FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter IV	Old Chapter	New Chapter	
Chapter V	Old Chapter	New Chapter	